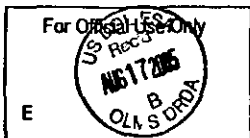


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No 1215-0188
Expires 11 30 2006

This report is mandatory under P L 86-257 as amended Failure to comply may result in criminal prosecution fines, or civil penalties as provided by 29 U S C 439 or 440



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U <u>7699</u>	2 Fiscal Year Covered From <u>1</u> / <u>1</u> / <u>2004</u> Through <u>12</u> / <u>31</u> / <u>2004</u>
3 Name and address of person filing Name <u>William</u> <u>C</u> <u>Hutchinson</u> P O Box Bldg Room No If any <u></u> Street <u>815 2nd St.</u> City <u>Marietta</u> State <u>Ohio</u> ZIP Code + 4 <u>45750</u>	4 Name, file number and address of labor organization Name <u>Iron Workers Local Union 787</u> Labor Organization File Number <u>010-636</u> P O Box Building and Room Number If any <u></u> Street <u>303 Erickson Blvd.</u> City <u>Parkersburg</u> State <u>West Virginia</u> ZIP Code + 4 <u>26101</u>
5 Position in labor organization <u>Business Manager</u>	

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

A. Held an interest in engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6 Name and address of Employer (including trade name, if any) Name <u></u> Trade Name, if any <u></u> P O Box, Bldg Room No If any <u></u> Street <u></u> City <u></u> State <u></u> ZIP Code + 4 <u></u>	7.a. Nature of Interest, Transaction, or Income <u></u> 7.b. Amount <u></u>

Signature

15 Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true, correct, and complete (See the section on penalties in the instructions)

Signed

Will C

On

8/11/05

Date

(304) 485-6231

Telephone Number

Name of Person Filing	William C Hutchinson	File Number U
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B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name if any) Name <u>The Segal Company</u> Trade Name if any <u></u> P O Box Bldg Room No if any <u></u> Street <u>101 North Wacker Dr , Suite 500</u> City <u>Chicago</u> State <u>IL</u> ZIP Code + 4 <u>60606</u>	9 Business deals with <input type="checkbox"/> a Labor Organization <input checked="" type="checkbox"/> b Trust <input type="checkbox"/> c Employer
10 If 9 b or 9 c is checked give trust or employer's name Name <u>Iron Workers Southern OH Fringe Funds</u> Trade Name if any <u></u> P O Box, Bldg Room No if any <u></u> Street <u>1470 Worldwide Place</u> City <u>Vandalia</u> State <u>Ohio</u> ZIP Code + 4 <u>45377</u>	11 a Nature of such dealing Attended dinners 1/13/04 - \$39 47 6/07/04 - \$34 15 7/12/04 - \$29 09 8/09/04 - \$38 77 12/13/04 - \$48 72 = \$191 11 b Approximate dollar value of such dealing <u>\$191</u> 12 a Nature of interest held or income received Dinner expenses 1/13/04 - \$39 47 6/07/04 - \$34 15 7/12/04 - \$29 09 8/09/04 - \$38 77 12/13/04 - \$48 72 = \$191 12 b Amount <u>\$191</u>

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value	
13 a Name and address of Employer or Labor Relations Consultant (including trade name if any) Name <u></u> Trade Name if any <u></u> P O Box Bldg Room No if any <u></u> Street <u></u> City <u></u> State <u></u> ZIP Code + 4 <u></u>	14 a Nature of payment. <u></u>
13 b Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?	14 b Amount of payment. <u></u>

DISCLAIMER

The transactions, dealings and interests that are detailed in the attached LM-30 Report represent my good faith effort to reconstruct the reportable occurrences for the period of January 1, 2004 to December 31, 2004. Accurate records of reportable occurrences were not kept for the 2004 fiscal year, and some or many items may have been unintentionally omitted. If, in the future, it comes to my attention that there exists a transaction, dealing or interest that should have been reported for the period of January 1, 2004 to December 31, 2004, I will immediately file an amended LM-30 Report.

William C Hutchinson
Print Name

Will C Hutchinson 8/11/05
Signature Date